

FACTS ABOUT COLORECTAL CANCER

What is colorectal cancer?

Colorectal cancer includes cancers of the colon and rectum. While colorectal cancer is the second leading cancer killer in the United States, it is also one of the most detectable — and, if found early enough — most treatable forms of cancer.

Most colorectal cancers develop first as colorectal polyps, which are growths inside the colon or rectum. Colorectal cancer can be prevented if the polyps are detected and removed before they become cancerous — which is why regular screening is so important!

Facts & figures:

Colorectal cancer is the #2 cause of cancer death in men and women in the U.S.

Maine has the eighth highest colon cancer death rate in the U.S.

In 2004, an estimated 144,940 new cases of colorectal cancer were diagnosed, with 56,730 Americans expected to die of colorectal cancer.

In 2004, an estimated 800 Mainers were diagnosed with colorectal cancer, causing 310 deaths.

Colorectal cancer is 90% treatable when detected early.

Screening can find polyps before they become cancer.

The most common symptom is no symptom at all.



An Initiative of the
Maine Comprehensive Cancer Control Program
Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention

For more information about colorectal cancer,
call **1-877-320-6800**

TTY: **1-800-438-5514** (Deaf/Hard of Hearing)
or visit www.mainepublichealth.gov.



John Elias Baldacci
Governor

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FACTS ABOUT COLORECTAL CANCER: Risk Factors

Colorectal cancer is the second leading cancer killer among men and women. Treatment for colorectal cancer is most effective when the cancer is found early—indeed, if polyps are removed before they become cancerous, this is one cancer that can be prevented. So, regardless of whether your lifestyle includes any or all of these risk factors, you should **plan on getting screened for colorectal cancer regularly once you reach age 50.**

Age: Although colorectal cancer can strike at any age, more than 9 in 10 new cases are in people ages 50 and older. There are other factors, however, that can increase your risk of developing colorectal cancer:

Gender: Colorectal cancer affects both men and women.

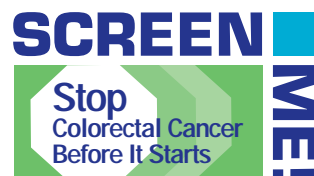
Ethnic Background/Race: Minorities, particularly African-Americans and Hispanics, are more likely to be diagnosed with colorectal cancer in advanced stages, making death rates higher for these populations.

Personal history of bowel disease: A personal history of colon cancer or intestinal polyps, and diseases such as chronic ulcerative colitis, Crohn's Disease and Inflammatory Bowel Disease increase a person's chance of developing colorectal cancer.

Family history/genetic factors: A strong family history of colorectal cancer (one or more first degree relatives) may indicate an increased risk for developing colorectal cancer.

Diet/Exercise: A high-fat diet, particularly from animal sources, can increase the risk of colorectal cancer. People who are not active have a higher risk of colorectal cancer.

Smoking/Alcohol: Recent studies show that smokers are 30%-40% more likely than non-smokers to die of colorectal cancer. Heavy use of alcohol has also been linked to colorectal cancer.



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FACTS ABOUT COLORECTAL CANCER: **Screening Saves Lives**

Colorectal cancer can be prevented by removing precancerous polyps or growths, which can be present in the colon for years before invasive cancer develops.

Having regular screening tests, beginning at age 50, could save your life. Screening tests can find colorectal cancer early, when treatment works best and the chance for a full recovery is very high.

Four tests are recommended for colorectal cancer screening:

The **fecal occult blood test (FOBT)**, which checks for hidden blood in three consecutive stool samples.

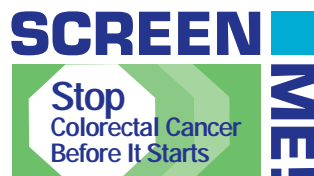
In **flexible sigmoidoscopy** exams, physicians use a flexible, lighted tube (sigmoidoscope) to visually inspect the interior walls of the rectum and part of the colon.

In **colonoscopy** exams, physicians use a flexible, lighted tube (colonoscope), which is longer than the sigmoidoscope, to visually inspect the interior walls of the rectum and the entire colon. During this procedure, samples of tissue may be collected for closer examination or polyps may be removed. Colonoscopies can be used as screening tests or as follow-up diagnostic tools when the results of another screening test are positive.

The **double-contrast barium enema** test comprises a series of X-rays of the colon and rectum, which are taken after the patient is given an enema containing barium dye followed by an injection of air in the lower bowel.

Several scientific organizations recommend regular screening for all adults aged 50 years or older. Recommended screening tests and intervals are as follows:

- FOBT every year, or
- Flexible sigmoidoscopy every 5 years, or
- Double-contrast barium enema every 5 years, or
- Colonoscopy every 10 years.



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FACTS ABOUT COLORECTAL CANCER: **Precautions You Can Take**

As we all know, the best way to stay well is to live a healthy lifestyle. A few simple precautions now can help significantly improve your chances of avoiding colorectal cancer altogether:

Eat right for life

- Eat lots of fruits and vegetables
- Keep your fat intake to less than 30% of your total calories
- Avoid foods high in cholesterol
- Limit alcohol intake

Watch your weight

Studies show that maintaining a healthful body weight decreases cancer risk.

Quit smoking!

In addition to a host of other potentially fatal side effects, smoking raises your risk of colon cancer.

Start getting screened when you turn 50!

The most important precaution you can take is to get screened. Screenings can find polyps before they become cancer and colorectal cancer is 90% treatable when detected early.

Unfortunately, the most common symptom of colorectal cancer is no symptom at all. However, the following symptoms MAY indicate a problem: a change in bowel habits, diarrhea, constipation or vomiting, narrower than normal stools, unexplained weight loss, constant tiredness, blood in the stool, abdominal discomfort, a feeling that the bowel does not empty completely, or unexplained anemia. If you experience any of these symptoms for more than a few days, talk to your doctor about colorectal cancer screening.



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